FORM D

Name of Offering

Type of Filing:



Private Placement of Equity Securities

New Filing Amendment

Enter the information requested about the issuer

Filing Under (Check box(es) that apply):

Address of Principal Business Operations (if different from Executive Offices)

W-H Energy Services, Inc.

Address of Executive Offices

Brief Description of Business

Oilfield service company

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEM

105	1034
OMB APF	PROVAL
OMB Number:	3235-0076
Expires:	
Estimated aver	age burden
hours per respo	onse16.00

SEC USE ONLY

SECTION 4(6), AND/OR IFORM LIMITED OFFERING EXEMP'	TION DATE RECEIVED
mendment and name has changed, and indicate change.)	C. MAIL
Rule 504 Rule 505 Rule 506 Section 4(6)	PULOE STATE OF THE PROPERTY OF
A. BASIC IDENTIFICATION DATA	160
ne issuer	[6]
ndment and name has changed, and indicate change.)	cti.
(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
th, Suite 500 Houston, TX 77042	713) 974-9071
(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
	PROCESSE

Type of Business Organization corporation business trust	limited partnership, already formed limited partnership, to be formed	other (please specify):	MAR 1 6 2007
	Month Year	<u> </u>	THOMSON

Actual or Estimated Date of Incorporation or Organization: 0 4 8.9

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

2000 West Sam Houston Parkway South, Suite 500 Houston, TX 77042

Actual | Estimated

FINANCIAL

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

(check if this is an amendment and name has changed, and indicate change.)

CN for Canada; FN for other foreign jurisdiction)

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GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) White, Jr., Kenneth T. Business or Residence Address (Number and Street, City, State, Zip Code) 2000 West Sam Houston Parkway South, Suite 500 Houston, TX 77042 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Tepera, Jeffrey L. Business or Residence Address (Number and Street, City, State, Zip Code) 2000 West Sam Houston Parkway South, Suite 500 Houston, TX 77042 Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Bautista, III, Ernesto Business or Residence Address (Number and Street, City, State, Zip Code) 2000 West Sam Houston Parkway South, Suite 500 Houston, TX 77042 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Ritter, Glen J. Business or Residence Address (Number and Street, City, State, Zip Code) 2000 West Sam Houston Parkway South, Suite 500 Houston, TX 77042 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Ford, Stuart J. Business or Residence Address (Number and Street, City, State, Zip Code) 2000 West Sam Houston Parkway South, Suite 500 Houston, TX 77042 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Thomas, III, William J. Business or Residence Address (Number and Street, City, State, Zip Code) 2000 West Sam Houston Parkway South, Suite 500 Houston, TX 77042 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Lightner, James D. Business or Residence Address (Number and Street, City, State, Zip Code) 2000 West Sam Houston Parkway South, Suite 500 Houston, TX 77042 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information rec	quested for the fol	lowing:			
Each promoter of the	ne issuer, if the iss	uer has been organized w	rithin the past five years;		
Each beneficial own	er having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of a	a class of equity securities of the issuer.
Each executive office	cer and director of	f corporate issuers and of	corporate general and mar	naging partners of p	artnership issuers; and
 Each general and m 	anaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Shoot Box(co) max rippsy.					Managing Partner
Full Name (Last name first, if	individual)				
Mills, Christopher					
Business or Residence Addres 2000 West Sam Houston		Street, City, State, Zip Co., Suite 500 Houston, T	•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Whilden, Jr., Robert H.					
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
2000 West Sam Houston F	Parkway South,	Suite 500 Houston, T.	X 77042		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Scott, Milton L.	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
2000 West Sam Houston I	Parkway South,	Suite 500 Houston, T	X 77042		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Brock, John R.					
Business or Residence Addres 2000 West Sam Houston	•	• • •	,		\(\frac{1}{2}\)
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		···
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
	(Hee blan	nk sheet or conv and use	additional conies of this s	heet as necessary)	

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?				•	, 1 5/8 Z	. N.A. V.	Harris Jakob Tolle	54 4751A	J. 10 10 4 4 5 4 1	1. N. 18		yen.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in bits offering?						В. П	NFQRMAT!	ION ABOU	T OFFERI	NG	.:			
Answer also in Appendix, Column 2, if filling under ULOE. 2. What is the minimum investment that will be accepted from any individual? 5. NIA Yes No 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission of similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, using the name of the stocker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, using persons of such a broker or dealer conty. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Num	1.	Has the	issuer sold	d, or does th	ne issuer ir	ntend to se	ll, to non-a	ccredited i	nvestors in	this offer	ng?			
2. What is the minimum investment that will be accepted from any individual?				, . 							_		Luni	
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer right are states, list the name of the broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer question above or dealer, which is clearly the set of dealer, you may set forth the information for that broker or dealer question above or dealer, you may set forth the information for that broker or dealer question above or dealer, you may set forth the information for that broker or dealer question above or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) States) All AK AZ AR CA CO CT DE DC FF GA HI DO MA MI NE NY	2.	What is	the minim	ium investm			• •		-			*************	s 1	N/A
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer, com any act from the information for that broker or dealer, when any set from the information for that broker or dealer associated persons of such a broker or dealer, you may set from the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All AK AZ AR CA CO CT DE DC FF GA HI DD MA MI MM		/-					-	-					Yes	No
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer resistered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Cheek "All States" or check individual States)	3.	· · · · · · · · · · · · · · · · · · ·												
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Amount Aiready
	Type of Security	Offering Price	Sold
	Debt	s_0.00	\$_0.00
	Equity		\$_4,000,000.00
	Convertible Securities (including warrants)	c 0.00	0.00 \$
	Partnership Interests		s 0.00
	Other (Specify)		\$ 0.00
	Total	\$ 4,000,000.00	\$ 4,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		· ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases § 4,000,000.00
	Non-accredited Investors		s 0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		4
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	Z	\$1,000.00
	Printing and Engraving Costs		\$
	Legal Fees		\$ 150,000.00
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)	<u>-</u>	\$
	Other Expenses (identify) Expenses		\$_9,750.00
	Total		\$_160,750.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		3,839,250.00 \$
5.	Indicate below the amount of the adjusted gross pre each of the purposes shown. If the amount for an check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate	······] \$. 🗆 \$
	Purchase, rental or leasing and installation of mac		-	<u> </u>
	and equipment Construction or leasing of plant buildings and fac	-		
		_	_ \$. 🗆 🏲
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso	ets or securities of another		
	issuer pursuant to a merger)	[. 🔽 \$_3,839,250.00
	Repayment of indebtedness		s	. 🗆 s
	Working capital		\$. 🗆 \$
	Other (specify):	······		. 🗆 \$
			s	. 🗆 \$
	Column Totals		s 0.00	✓ \$ 3,839,250.0
	Total Payments Listed (column totals added)			839,250.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to ful information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commis	sion, upon writte	n request of its staff,
lss	uer (Print or Type)	Signature	Date	
W	H Energy Services, Inc.		February 21, 20	07
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	-	
Ern	esto Bautista, III	Vice President and Assistant Secretary		

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K

- See Appendix, Column 5, for state response.
- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) W-H Energy Services, Inc.	Signature Date February 21, 2007
Name (Print or Type)	Thie (Print or Type)
Ernesto Bautista, III	Vice President and Assistant Secretary

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors State Amount Amount Yes No ΑL ΑK AZAR ÇA CO CT DE DC FL GA HI ID IL ΙN IA KS KY Common Stock 6 LA X \$3,353,333 X ME MD MA MI MN MS

APPENDIX 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State investors in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Yes Amount No MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RΙ SC SD TN TXCommon Stock 1 X \$646,666.6 x UT VTVAWA WV WI

	APPENDIX												
1		2	3			5 Disqualification							
	to non-a	I to sell accredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Type of investor and expla amount purchased in State waive			(if yes, explan waiver	ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY													
PR													

